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**Congenital diaphragmatic hernias repair is feasible in peripheral hospitals**  
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Laparoscopic repair of congenital diaphragmatic hernias can be done in suitable infants and children with good long-term results. The benefits includes lower risk of infection, less intra-abdominal adhesions and early recovery, while being a «scar-less» procedure.  

**Materials and methods.** The 3 patients included a 9-months-old infant with a late presentation of Bochdalek left diaphragmatic hernia, and 2 patients with Morgagni congenital diaphragmatic hernia – a 1-year-old infant and a 3-year-old toddler.  
All procedures were performed in abdominal approach using 3- and 5-mm ports, and a 5-mm 30 degrees camera. Suturing of the diaphragmatic defect was done with unabsorbed materials (Ethibond® 4.0).  

**Results.** No intra-operative complications were noted, all patients recovered quickly and uneventfully, and were discharged between 3–6 postoperative day. Follow-up period is now between 3–23 months and so far there is no evidence of recurrence.  

**Conclusions.** Laparoscopic surgery is used more and more in smaller cavities by pediatric surgeons. Laparoscopic repair of congenital diaphragmatic hernias in infants and toddlers can safely be performed in peripheral hospitals by skilled pediatric surgeons with good results.  
However, our follow-up period is relatively short, and because of common recurrence rate in those patients, 15–40% in different reports, both in laparoscopic and open repair, long term follow-up is required.  
The research was carried out in accordance with the principles of the Helsinki declaration. The informed consent of the patient was obtained for conducting the studies.  
No conflict of interests was declared by the authors.  

**Key words:** children, laparoscopic repair, congenital diaphragmatic hernias.